

AO 435 (Rev. 04/11)		Administrative Office of the United States Courts			FOR COURT USE ONLY		
TRANSCRIPT ORDER					DUE DATE:		
<i>Please Read Instructions:</i>							
1. NAME Angela V. Colmenero			2. PHONE NUMBER (512) 475-4263		3. DATE 9/7/2017		
4. MAILING ADDRESS P.O. Box 12548			5. CITY Austin		6. STATE Texas	7. ZIP CODE 78711	
8. CASE NUMBER 2:13-cv-00193		9. JUDGE Magistrate Jason B. Libby		DATES OF PROCEEDINGS* 10. FROM 1/20/2017 11. TO 1/20/2017			
12. CASE NAME Marc Veasey, et al. v. Greg Abbott, et al.			LOCATION OF PROCEEDINGS 13. CITY Corpus Christi 14. STATE Texas				
15. ORDER FOR <input type="checkbox"/> APPEAL <input type="checkbox"/> CRIMINAL <input type="checkbox"/> CRIMINAL JUSTICE ACT <input type="checkbox"/> BANKRUPTCY <input type="checkbox"/> NON-APPEAL <input checked="" type="checkbox"/> CIVIL <input type="checkbox"/> IN FORMA PAUPERIS <input type="checkbox"/> OTHER							
16. TRANSCRIPT REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested)							
PORTIONS		DATE(S)		PORTION(S)		DATE(S)	
<input type="checkbox"/> VOIR DIRE				<input type="checkbox"/> TESTIMONY (Specify Witness)			
<input type="checkbox"/> OPENING STATEMENT (Plaintiff)							
<input type="checkbox"/> OPENING STATEMENT (Defendant)							
<input type="checkbox"/> CLOSING ARGUMENT (Plaintiff)				<input type="checkbox"/> PRE-TRIAL PROCEEDING (Spcl)			
<input type="checkbox"/> CLOSING ARGUMENT (Defendant)							
<input type="checkbox"/> OPINION OF COURT							
<input type="checkbox"/> JURY INSTRUCTIONS				<input checked="" type="checkbox"/> OTHER (Specify)			
<input type="checkbox"/> SENTENCING				Telephone conference		01/20/2017	
<input type="checkbox"/> BAIL HEARING							
17. ORDER							
CATEGORY	ORIGINAL (Includes Certified Copy to Clerk for Records of the Court)	FIRST COPY	ADDITIONAL COPIES	NO. OF PAGES ESTIMATE		COSTS	
ORDINARY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES				
14-Day	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES				
EXPEDITED	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES				
DAILY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES				
HOURLY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES				
REALTIME	<input type="checkbox"/>	<input type="checkbox"/>					
CERTIFICATION (18. & 19.) By signing below, I certify that I will pay all charges (deposit plus additional).				ESTIMATE TOTAL		0.00	
18. SIGNATURE /s/ Angela V. Colmenero				PROCESSED BY			
19. DATE 9/7/2017				PHONE NUMBER			
TRANSCRIPT TO BE PREPARED BY				COURT ADDRESS			
ORDER RECEIVED	DATE	BY					
DEPOSIT PAID			DEPOSIT PAID				
TRANSCRIPT ORDERED			TOTAL CHARGES		0.00		
TRANSCRIPT RECEIVED			LESS DEPOSIT		0.00		
ORDERING PARTY NOTIFIED TO PICK UP TRANSCRIPT			TOTAL REFUNDED				
PARTY RECEIVED TRANSCRIPT			TOTAL DUE		0.00		